

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-020859

STATE FILE NUMBER

Registration District No. **233** Primary Registration District No. **5808** Registrar's No. **43**

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0700

2 0700

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bearcreek		c. CITY OR TOWN 2 miles North of Jonesburg	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Orie Lee Thomason		4. DATE OF DEATH Month 5 Day 19 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/10/91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 71
11a. FATHER'S NAME Edward Thomason		11b. MOTHER'S MAIDEN NAME Lula Burnett	11. BIRTHPLACE (City and state or country) Ashland Mo.
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes War I		12. CITIZEN OF WHAT COUNTRY Rose Thomason	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure DUE TO (b) Extremes Sarcasmia DUE TO (c) Sarcasmia of Stomach		14. NAME OF HUSBAND OR WIFE Rose Thomason	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		15. INFORMANT Rose Thomason Jonesburg, Mo.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 6:00 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from April 1959 to May 1963 and last saw him alive on 19 May 63 Death occurred 6:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Arthur M. Davis	
22b. ADDRESS Jonesburg, Mo.		22c. DATE SIGNED 22 May 63	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/22/63	
23c. NAME OF CEMETERY OR CREMATORY Jonesburg		23d. LOCATION (City, town, or county) Jonesburg Mo.	
24. FUNERAL DIRECTOR C.A. Harding Jonesburg, Mo.		25. DATE RECD. BY LOCAL REG. May 22 1963	
26. REGISTRAR'S SIGNATURE Laura B. Bellamy			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Carl A. Harder

Licensed Embalmer No.

4115

P. O. Address

Jeansburg, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.